

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 24 1957

45112

STATE FILE NUMBER

Registration District No. 215

Primary Registration District No. 5783

Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Iberia		c. CITY OR TOWN Iberia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) R.R. 2	
3. NAME OF DECEASED (Type or print) First Middle Last Abel Andrew Jarrett		4. DATE OF DEATH Month Day Year Dec 5, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 25, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and state or country) Miller Co. Mo	
13. FATHER'S NAME Polk Jarrett		14. MOTHER'S MAIDEN NAME Elizabeth Rothamel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Ida Jarrett Iberia, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE-(a) Myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 4 days
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			4222
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11/1/57 to 12/5/57 and last saw her alive on 12/5/57 Death occurred at 12:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. A. Lough		22b. ADDRESS Iberia, Mo	
22c. DATE SIGNED 12/6/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/8/57	
23c. NAME OF CEMETERY OR CREMATORY Jarrett		23d. LOCATION (City, town, or county) Iberia, Mo	
24. FUNERAL DIRECTOR Walter P. Kedgee		25. DATE RECD. BY LOCAL REG. Dec. 7-1957	
Kedgee Funeral Homes Inc Iberia, Mo		26. REGISTRAR'S SIGNATURE Jessie Perkins	

RECEIVED

DEC 19 '57

Miller County
Health Department

DEC 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter P. Sheg*

Licensed Embalmer No. *426*

P. O. Address *Deana, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.